

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90714 005 ***150.00

DOCUMENT # P99000082671

1. Entity Name
JOHN DEBICKES AND ASSOCIATES, INC.



Principal Place of Business
**804 AUTUMN GLEN DR
MELBOURNE FL 32940**

Mailing Address
**804 AUTUMN GLEN DR
MELBOURNE FL 32940**



2. Principal Place of Business

3. Mailing Address

3900 Katie Lane

3900 Katie Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32934

Country

Zip

32934

Country

4. FEI Number

59-3599393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEBICKES, JOHN
804 AUTUMN GLEN DR
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

DeBickes, John

Street Address (P.O. Box Number is Not Acceptable)

3900 Katie Lane

City

Melbourne

FL

Zip Code

32934

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/03

***FILE NOW!!! FEE IS \$150.00**
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DEBICKES, JOHN	
STREET ADDRESS	804 AUTUMN GLEN DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBICKES, KATHLEEN T	
STREET ADDRESS	804 AUTUMN GLEN DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEBICKES, KEITH	
STREET ADDRESS	804 AUTUMN GLEN DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input type="checkbox"/> Delete
NAME	WITTIG, ROBERT	
STREET ADDRESS	867 VILLA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeBickes, John	
STREET ADDRESS	3900 Katie Lane	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeBickes, Kathleen T.	
STREET ADDRESS	3900 Katie Lane	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeBickes, Keith	
STREET ADDRESS	3900 Katie Lane	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)